

Wenner, Rebecca

From: Thomas, Colleen
Sent: Tuesday, December 12, 2017 11:20 AM
To: arochester@rocksolidideas.com
Cc: Wenner, Rebecca
Subject: Acknowledgement of RCRA Subtitle C Site Identification Form
Attachments: Akron Farm Facility_Site Info Verification Rpt.pdf

OFFICIAL NOTIFICATION

December 12, 2017

Aaron J. Rochester
Owner
Siouxland PC
1220 Steuben Street
Sioux City, Iowa 51105

Dear Mr. Rochester:

RE: Akron Farm Facility
16998 160 Street
Akron, Iowa
EPA RCRA ID No: IAR000522359

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the installation located at the address shown above to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Since the copy of the RCRA Subtitle C Site Identification form we received at EPA was an e-mailed copy, we will need to have the original mailed to the address below.

Your Environmental Protection Agency (EPA) RCRA Identification Number for the referenced installation appears above. This EPA RCRA ID Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities, must file with EPA; on all applications for Federal Hazardous Waste Permits; and on all other hazardous waste management reports and documents required under Subtitle C of RCRA.

To assist us in keeping our database current, please review the attached Hazardous Waste Site Info Verification Report (Report). If changes to the information are necessary, please print the Report and make any changes directly on the document. Please sign and date the corrected Report and return it to me, at the address indicated below, within thirty (30) days. If the information is correct, there is no need to return the report to me.

Please reply to this e-mail to verify you have received this notification. Remember to print a copy of the attached Report and the e-mail and keep them for your records. Your cooperation is appreciated.

Sincerely,

Elizabeth Koesterer
Waste Enforcement & Materials Management Branch
Air and Waste Management Division
EPA Region 7
11201 Renner Boulevard
Lenexa, KS 66219

Attachment

Letter prepared by:
Colleen Thomas
Veracity Consulting, Inc.
Contractor @ EPA Region 7
11201 Renner Blvd
Lenexa, KS 66219
P: 913-551-7182

Hazardous Waste Site Info Verification Report *December 12, 2017*

The information summarized below has been entered into EPA's RCRA Computer Data Base for the location and EPA RCRA Identification Number listed. If any of this information is inaccurate or changed, you may notify us by writing to us, completing a RCRA Subtitle C Site Identification Form (any of EPA Forms 8700-12, 13A/B, or 23), or simply marking any changes on this report and sending it to the address below. Please return this form **ONLY** to notify us of changes or errors. Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)551-7958.

EPA Region 7 - AWMD/WEMM
11201 Renner Blvd
Lenexa, KS 66219

EPA RCRA ID Number: IAR000522359

Name of Company/Site: AKRON FARM FACILITY

Location of Site: 16998 160TH ST
AKRON, IA 51001
PLYMOUTH County

Land Type: Private

NAICS: 423930 - RECYCLABLE MATERIAL MERCHANT WHOLESALERS

Mailing Address: 16998 160TH ST
AKRON, IA 51001

Site Contact: AARON J ROCHESTER
Job Title: OWNER OF SIOUXLAND PC
Address: 1220 STEUBEN ST
SIOUX CITY, IA 51105
Email: AROCHESTER@ROCKSOLIDIDEAS.COM
Phone Number: 712-253-4547

Current Owner of Site: DAN GOODMAN
Owner Type: Private

Current Operator of Site: AARON J ROCHESTER
Phone Number: [REDACTED]
Operator Type: Private

TYPE(S) OF REGULATED ACTIVITY: Federal Large Quantity Generator

Hazardous Wastes Handled: D008

Exemption 6: PII

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title(Print)

Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

Hazardous Waste Site Info Verification Report *December 12, 2017*

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EPA Region 7 - AWMD/WEMM
11201 Renner Blvd
Lenexa, KS 66219

IAR000522359

I 03/17/17 N N 12/12/17 1

Certified by Notification on 12/12/17 by
AARON J ROCHESTER 12/12/17
OWNER OF SIOUXLAND PC

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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Wenner, Rebecca

From: Wenner, Rebecca
Sent: Tuesday, December 12, 2017 10:14 AM
To: 'Aaron Rochester'
Subject: RE: Application

Received, thank you.

Rebecca Wenner
USEPA/Region 7/AWMD/WEMM
11201 Renner Blvd.
Lenexa, Kansas 66219
Phone: 913-551-7644
E-mail: wenner.rebecca@epa.gov

From: Aaron Rochester [mailto:arochester@rocksolidideas.com]
Sent: Tuesday, December 12, 2017 9:16 AM
To: Wenner, Rebecca <wenner.rebecca@epa.gov>
Subject: RE: Application

Rebecca,

Here is the application and thank you for your help.

Regards,

Aaron Rochester
Business Development Director
Rock Solid, Inc.
712-253-4547
arochester@rocksolidideas.com



www.rocksolidideas.com

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one.)

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

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3. Site Name

Akron Farm Facility

4. Site Location Address

Street Address 16998 160th Street		
City, Town, or Village Akron	County Woodbury	
State Iowa	Country	Zip Code 51001

5. Site Mailing Address

☐ Same as Location Address

Street Address same		
City, Town, or Village		
State	Country	Zip Code

6. Site Land Type

<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) Electronic Recycling	C.
B. 423930	D.

☐ Same as Location Address

First Name	Aaron	MI	J	Last Name	Rochester
Title	Owner of Sloumland PC				
Street Address	1220 Steuben Street				
City, Town, or Village	Sioux City				
State	Iowa	Country	Woodbury	Zip Code	51105
Email	arochester@rocksolidideas.com				
Phone	[REDACTED]	Ext		Fax	

Exemption 6: PII

☐ Same as Location Address

Full Name Dan Goodman		Date Became Owner (mm/dd/yyyy) NA	
Owner Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address 16998 160th Street			
City, Town, or Village Akron			
State Iowa		Country Woodbury	
Zip Code 51001			
Email			
Phone		Ext	
Fax			
Comments			

☐ Same as Location Address

Full Name Aaron J Rochester		Date Became Operator (mm/dd/yyyy) 11/1/16	
Operator Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address 16998 160th Street			
City, Town, or Village Akron			
State Iowa		Country Landburg	
Zip Code 51001			
Email			
Phone		Ext	
Fax			
Comments			

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	<input type="checkbox"/> a. Recycler who stores prior to recycling	
<input type="checkbox"/>	<input type="checkbox"/> b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	<input type="checkbox"/> a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	<input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

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12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

Applying for # under CAFO agreement.

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative Aaron J Rochester <i>Aaron J Rochester</i>	Date (mm/dd/yyyy) 12/12/17
Printed Name (First, Middle Initial Last) Aaron J Rochester	Title Owner of Siouxland PC
Email arochester@rocksolidideas.com	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	